

**Meeting Minutes
Prevention Committee
San Diego, May 22, 2000**

I. Introductions:

Sharon Pacyna introduced guest speaker Leslie Ray of the San Diego County EMS Agency.

Members Present: Fred Claridge, Warren Davis, Cindy Hearrell, Nancy Lapolla, Paul Maxwell, Ray Mosack, Jan Ogar, Michael Osur, Sharon Pacyna, Beth Sise

EMSA Staff Present: Miranda Swanson, Lois Williams, Claudia Zagrean

II. Approval of Minutes

- Minutes from the last meeting were reviewed and approved with minor changes.
- Meeting Agenda was reviewed and approved.

III. Business Items

A. Presentation by guest speaker Leslie Fay

Leslie's presentation focused on injury data currently available throughout the state and how to determine useful data points. Two handouts were distributed, listing data from the MISS and HISS databases. Committee members contributed with questions and comments and the following key points were made:

MISS Database:

- MISS database documents injuries that resulted in death. Data is available on diskette for a \$10.00 fee and it could be obtained by contacting Robin Jones at the Vital Statistics Section of the State Department of Health Services (DHS).
- Data is listed by county; for larger counties data may be broken down by city or region.
- Injury rate is calculated per one hundred thousand. For a more accurate interpretation of the data, both the rate and the number of incidents should be considered
- Data from the year before and after should always be considered when determining the frequency of a specific type of injury. Some volatility exists from year to year when working with small numbers and rate that are too low might not be accurate.
- MISS is useful in uncovering trends: for instance, motor vehicle accidents are the leading cause of injury in most counties. In San Diego County, suicide is the leading cause of trauma death in men over 35. In the Rocky Mountains, teen suicide rate is high; suburban isolation might be a contributing factor.
- It was suggested that successful prevention programs should be focused on identifying early danger signs.

HISS Database:

- HISS database contains injury data recorded upon hospital discharge; death data is excluded. A diskette can be obtained by contacting Roger Trent at the EPIC section of DHS.
- HISS includes E-codes, diagnosis codes and dates of admission to the hospital. It also lists a secondary e-code, indicating location where injury occurred; e.g., public building, home, etc.
- ICD-9 coding describes the injury (e.g. broken arm), whereas an E-code specifies mechanism by which the injury occurred.
- Data should be looked at in terms of population groups. For instance, falls are the most common type of injury among young children and the elderly.

Other Data Links:

- CDC publishes prevention material and data that is usually 18 months old.
- CCCIP has a library of national prevention programs, including program evaluations.
- OTS website lists all grants given to local EMS Agencies for prevention and can be a good resource.
- The EMS Authority has an injury prevention page on their website that links with other prevention sites; also, the block grants awarded to the local EMS agencies are listed on the Authority's homepage (www.emsa.ca.gov).
- Other injury prevention programs are available throughout state and could be valuable if made available to the local EMS Agencies.

Data points:

- CDC focuses on developing a set of common data elements (so far they have identified 10). It was suggested that the Prevention Committee consider incorporating CDC's recommendations into their data set.
- DEEDS is developing a set of Prehospital data points to be recorded. It might be useful to look at how the DEEDS data elements are being formatted when building a database.
- Detailed surveillance requires additional data points, necessary in order to correctly assess the nature of the injury.
- Prehospital responders not involved in direct patient care could collect the additional data points. Additional information might also be obtained from investigators of the police department.

IV. Miranda Swanson's update on the Vision Process

- The Vision Project budget for next year will allow for 4 face to face meetings per subcommittee, per year. Funding for the meeting facility is not provided, but travel expenses are reimbursable.

- Each Vision Committee will be allowed 6 face to face meeting per year.
- Vision Conference is scheduled to take place November 30 and December 1, 2000 at the Marines Memorial Club in San Francisco. Registration fee is \$175.00. Miranda will look into waving the registration fee for Vision Committee members. Three Committees will be making presentations per day; a document will be produced as a result.

V. Subgroup Meetings:

The group broke up into subgroups to work on the objectives for the remainder of the meeting time. Action plan templates listing the objectives by subgroup were handed out. The objectives were assigned as follows:

Prevention Subgroup	Objective #
Outreach	1, 2 (combined with # 60), 59, 62
Data	3, 6, 59.
Public Education	4, 7, 61.
Whole group	5, 58.

- Subgroups were encouraged to refine the objectives and reword the action steps to better fit the objectives.
- Objectives should be prioritized into short term (six months), intermediate (1 year) and long term (2 years).
- Jan Ogar requested that any objective that might be problematic be brought to her attention prior to the VLT meeting on June 5, 2000.

VI. Future Steps:

- Next meeting will take place June 26, 2000, 2:00 PM to 7:00 PM, in conjunction with the EMSAC meeting in San Francisco. Location to be finalized.